

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Brenda G. Minion

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Keystone AmeriHealth Caritas

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>Brenda G. Minion</u>
	Street Address	<u>513 Bellevue Ct.</u>
	County, City	<u>ATCO, (Camden County)</u>
	State & Zip Code	<u>NJ 08004</u>
	Telephone Number	<u>856-809-6122</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name AmeriHeath Caritas
 Street Address 100 Stevens Drive
 County, City Philadelphia, Pa
 State & Zip Code Pennsylvania 19113

Defendant No. 2

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 3

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions ☐ Diversity of Citizenship
☒ U.S. Government Plaintiff ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

Title VII of the Civil Rights Act of 1964 (Title VII)
The Americans with Disabilities Act (ADA)

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? AmeriHealth Caritas
located 100 Stevens Dr. Phila. Pa

B. What date and approximate time did the events giving rise to your claim(s) occur? June 5, 2015
approximate times 9:30AM - 10:14AM. Placed on Corrective Action
throughout Nakeya Jenkins.

C. Facts: My company failed to consider my accommodations request when
they failed to factor in my performance. Thus affecting my
performance; thus taking away my accommodation which I felt
was retaliatory that I was on accommodation because of my
disability. I honored that accommodation based on my disability.
And because of the failed performance review I was
prohibited from promotion and other opportunities within the company

Nakeya Jenkins pulled me into the office while on ADA Accommodation
10/2014. Mike McGreevy and Darlene Stratford sent me back
home because I was disability being in the office against medical approved
accommodations. Nov. 2014 started seeing a change in management attitude towards
me (Keith Odgen, Mgr. & Nakeya Jenkins, Supv) Dec. 2014 spoke to H.R. Partner
Diane Zumbach to be reconsidered for a new position because of my
current / past medical situation. March 2015 I was informed by Nakeya
Jenkins again to report into the office. I told her I was unable
due to ADA reasons and asked her to speak with my Absence Leave Specialist.
She did not but had Diane Zumbach to call me to report into the
office or go out on short term disability because they did not like
the way I was utilizing my intermittent Family Leave.

Denise Bochanski, Mgr³ was aware of ADA Accommodation
Mary Ellen Director Keith Odgen, Mgr. Mike McGreevy H.R.
Partner: Darlene Stratford Leave Absence

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Neck and back was worsen due to exacerbation from traveling to and from office; long periods of sitting while training for LOB700 with out a Ergonomic Work Station; Undue mental and emotional stress from Management after I was released from LOB700 training and sent back home under ADA Accomodation with restrictions. From that point I was harassed and terminated from my Employer through their Attorney Lee Newan, Esq.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

To be reinstated without any time lost. To have all Corrective Actions removed from my file while under my approved ADA Accomodations. To have full Compensation of my Annual Pay reimbursed. (When forced to take all my FMLA at one time verses intermittent leave.) To have the opportunity to continue to work for a GREAT ORGANIZATION under new management and out from Claims Operations. A position that is equitable to my years of experience and higher education. I will like to request my complaint to be sealed from any prospective hiring manager or outside of the organization that would cause me further hinderance from equality and making a financial living for me and my family. Thank you.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of September, 2016.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

Brenda Minion

513 Bellevue Ct.
Atto, NJ 08004

856-809-6722

brenda_minion@yahoo.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff:

Brenda Minion